

IDAHO STATE FIRE MARSHAL
 Department of Insurance
 700 W. State Street, 3rd Floor
 Boise, Idaho 83720-0043
 Phone: (208) 334-4370
 Fax: (208) 334-4375
 www.doi.idaho.gov



PLAN REVIEW FORM

DATE		To be submitted with plans		STATE PROJECT <input type="checkbox"/> Yes <input type="checkbox"/> No	
				If yes, DPW # _____	
NAME OF PROJECT			PROJECT NUMBER		
ADDRESS OF PROJECT					
CITY OF PROJECT			IF OUTSIDE CITY LIMITS, COUNTY OF PROJECT		
PLAN DESCRIPTION			TYPE OF SYSTEM		
<input type="checkbox"/> NEW <input type="checkbox"/> REMODEL <input type="checkbox"/> RESUBMITTAL			<input type="checkbox"/> 13 <input type="checkbox"/> 13R <input type="checkbox"/> 13D <input type="checkbox"/> OTHER, PLEASE SPECIFY		
TYPE OF OCCUPANCY CLASSIFICATION			FIRE DEPARTMENT JURISDICTION		
SPRINKLER CONTRACTOR COMPANY				IDAHO LICENSE (FPSC-####)	
CONTACT PERSON				CONTACT NUMBER	

Fees: 1 – 1,000 heads @ \$2.00 each _____
 (\$100 minimum)

Additional heads @ \$1.00 each _____

Amount Enclosed _____

Total Head Count _____

Submit a minimum of 4 sets of folded plans and 3 sets of calculations. One complete set may be submitted on a CD in .pdf format. Provide additional plans if more than one approved set are required for your use.

- OFFICE USE ONLY -

☐ 4 sets of plans ☐ 3 sets of calculations ☐ CD (.pdf file)

Approved by _____

Approved date _____

Amount due _____

Disapproved date _____